U.S. DEPARTMENT OF COMMERCE PATENT AND FRADEMARK OFFICE

1VN 3.0 5000

DECLARATION

ATTORNEY'S DOCKET NO. 1662/611053

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Polymorphic Forms of Nateglinide**, the specification of which was filed on **July 18**, 2003 as U.S. Serial No. 10/623,290.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE
	(day, month, year)
60/396,904	18 July 2002
60/413,622	25 September 2002
60/414,199	26 September 2002
60/423,750	5 November 2002
60/432,093	10 December 2002
60/432,962	12 December 2002
60/442,109	23 January 2003
60/449,791	24 February 2003 6
60/479,016	16 June 2003

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Patrick J. Birde, Esq. KENYON & KENYON One Broadway New York, New York 10004-1050

CUSTOMER NUMBER 26646

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	YAHALOMI	Ronit	
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Kiryat Bialik	Israel	Israel
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	Zinger 6	Kiryat Bialik	27037 Israel
SIGNATURE		DATE	
	נ לנובי נדצה	20.5.0G	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	SHAPIRO	Evgeny	
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Haifa	Israel	Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	18/1 Gut Levin St.	Haifa	32922 Israel
SIGNATURE		DATE 10-05 05	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	DOLITZKY	Ben-Zion	
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Petach Tiqva	Israel	Israel
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	Lohame HaGhetto 32	Petach Tiqva	49651 Israel
SIGNATURE	1	DATE	
P. Z. Dolitzky		17.5.2005	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	GOZLAN	Igal	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Haifa	Israel	Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	27/2 Gut levin St	Haifa	32922, Israel
SIGNATURE	Ri	DATE 10.5.	05

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF HAVEIATOR	GOME	Boaz	
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Rishon-Lezion	Israel	Israel
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	Tyomkin 14/14	Rishon-Lezion	75257
TEDICESS	,		Israel
SIGNATURE	k17	DATE 2/5/0	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	WIZEL	Shlomit	
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Petah Tiqva	Israel	Israel
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	Yehudah Hanassi 2	Petah Tiqva	49742 Israel
SIGNATURE	Cill	DATE 7.5.25	